What's Hot in Parkinson's Disease?

Medication Tips for Patients with Parkinson's

very patient being treated for Parkinson's disease (PD) should be "Aware in Care," especially when it comes to two important issues: medication and hospitalization. Here's a rundown of several more medication-related issues that so many patients care about: pill allergies, pill shortages and pill limits.



First, inactive drug ingredients, especially the synthetic color dyes often used in pill manufacturing, can cause a variety of negative effects. Some patients have reported serious hypersensitivity reactions, including swelling of the face, lips and mouth, as well as rashes, after switching from a blue Sinemet CR 25/100 to a yellow generic formulation. Though rare, the yellow dye present in the generic version of Sinemet (carbidopa/levodopa) can cause these types of adverse reactions. Keep in mind that yellow dye allergies may occur more commonly in patients who are also allergic to aspirin. If you suspect a pill color allergy, contact your doctor. The treatment is simple: switch to a blue pill formulation. Some patients may also benefit from avoiding yellow dye in their diet.

Next, in 2010 and 2011 there was a national shortage of Sinemet. This occurred as the brand transitioned from Merck and Company, Inc. to Mylan Pharmaceuticals, Inc. As a result, patients began taking generic formulations. Complaints ranging from worsening of motor fluctuations

to dyskinesia to skin rashes were reported to the NPF Helpline. It's important to understand that FDA approval of a brand name drug requires demonstration of its quality, efficacy, safety and tolerability in both a healthy population and the PD population. However, approval of its generic equivalent only requires demonstrating that it contains the same active ingredients as the brand and gets into the bloodstream in a similar manner, but not its clinical treatment effect. As far as switching to a generic is concerned, patients should be aware that there may be as much as a 20 percent difference in strength. In some cases the weaker generic version may be the right therapy, especially in patients who experience dyskinesia from tiny medication dosages.

Finally, an important issue that has surfaced recently is the "eight Sinemet limit." Unfortunately, pharmacies and insurance companies have been citing the language in the original FDA approval of Sinemet as a way to deny prescriptions to patients requesting more than eight tablets a day. To compound the problem, the advent of electronic medical records means that automatic limits are now being set by nationalized computer systems. Once these limits are set in computer systems, they can be difficult to change.

If your insurance carrier or pharmacy blocks your Sinemet prescription based solely on this reason, we suggest that you contact your doctor and send an appeal letter to your insurance company. Beforehand, contact the NPF Helpline at 1-800-4PD-INFO (473-4636).

Author: Michael S. Okun, MD, NPF National Medical Director

Selected references:

Go CL, Rosales RL, Schmidt P, Lyons KE, Pahwa R, Okun MS. Generic versus branded pharmacotherapy in Parkinson's disease: does it matter? A review. Parkinsonism Relat Disord. 2011 Jun;17(5):308-12.

Okun MS. Parkinson's disease patients cannot get their dopamine replacement: The 8-sinemet limit. Mov Disord. 2011 Dec 9.

Read Dr. Okun's monthly column, "What's Hot in PD?" online at www.parkinson.org/whatshot.